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| VISION CARE SERVICES | PRIOR AUTHORIZATION | 10/94 | R3-001 |

A. GENERAL REQUIREMENTS

Prior authorization procedures are designed to safeguard against unnecessary utilization of care, to promote the most effective and appropriate use of available services, and to assist in cost containment. Providers are required to seek prior authorization for certain specified services before delivery of that service, unless the service is provided on an emergency basis. Reimbursement is not made for services provided either prior to the grant date or after the expiration date indicated on the approved prior authorization request form. If the provider renders a service which requires prior authorization without first obtaining authorization, the provider is responsible for the cost of the service and may not bill the recipient.

Providers are advised that prior authorization does not guarantee reimbursement. Provider eligibility, recipient eligibility, and medical status on the date of service, as well as all other Wisconsin Medical Assistance Program (WMAF) requirements, must be met prior to reimbursement of the claim.

B. SERVICES REQUIRING PRIOR AUTHORIZATION

The services listed below require authorization from the WMAF prior to delivery:

1. Vision training and therapy, including orthoptics and pleoptics.
2. Contact lenses and contact lens therapy except when the diagnosis is aphakia or keratoconus or when therapeutic or bandage contact lenses are required.
3. Low vision services and aids for all diagnostic conditions.
4. Aniseikonic services.
5. Eyeglass frames and lenses beyond the original and one unchanged prescription replacement pair (either a complete appliance or a lens replacement or a frame replacement dispensed on different dates of service) from the same provider in a 12-month period.
6. Ptosis crutch services and materials.
7. Contracted occupational safety frames and lenses.
8. Tinted eyeglass lenses (contracted tints and coatings including rose #1 and rose #2, ultraviolet coating, and photochromic lenses).
9. Special lens designs and components (contracted high index glass and plastic, polycarbonate lenses for recipients age 21 and over, large eye size 59mm or over).
10. Comprehensive vision examinations beyond the initial comprehensive vision examination within a 12-month period.
11. Frames and lens materials which are not obtained through the WMAF State Purchase Eyeglass Contract (SPEC).

C. PRIOR AUTHORIZATION FOR NON-CONTRACTED MATERIALS

Contact Lenses

Contact lenses are not part of the SPEC. A prior authorization request for contact lens approval must identify the lens material and specifications as well as materials costs. If the recipient has a diagnosis of keratoconus (diagnosis code 371.6) or aphakia (diagnosis code 379.3) or if the contacts are being used as a therapeutic or bandage lens (procedure code 92070), then prior authorization is not required.

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C. PRIOR AUTHORIZATION FOR NON-CONTRACTED MATERIALS
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Low Vision Aids

Low vision aids are not part of the SPEC. When submitting prior authorization requests for low vision aids, specify the type of aid and power as well as the material costs.

Special Lenses and Frames

The dispensing provider must submit a prior authorization request to EDS which documents the medical necessity of special lenses or tints or for occupational frames. A copy of the approved prior authorization form must be sent with the order to the SPEC contractor. A diagnosis of photophobia is not sufficient for approval of tints without additional justification of medical need by the prescribing provider.

Prior authorization for dispensing of non-contracted frames may be approved if medically necessary (e.g., for recipients allergic to plastic or requiring exceptional frame adjustments for cataract lenses). However, the lenses must still be ordered from the SPEC contractor. Refer to Appendix 1 of this handbook for the appropriate procedure codes.

D. PROCEDURES FOR OBTAINING PRIOR AUTHORIZATION

Section VIII of Part A of the WMAP Provider Handbook identifies procedures for obtaining prior authorization including emergency situations, appeal procedures, supporting materials, retroactive authorization, recipient loss of eligibility midway in treatment, and prior authorization for out-of-state providers.

Optometrists and ophthalmologists who determine that a recipient needs services requiring prior authorization should submit a Prior Authorization Request Form (PA/RF) and Prior Authorization Vision Services Attachment (PA/VA) to the EDS Prior Authorization Unit.

Refer to Appendices 6, 7, 8, and 9 of this handbook for sample prior authorization forms and completion instructions.

E. PROCEDURES AND SERVICES PRICED AT PRIOR AUTHORIZATION

The WMAP establishes the maximum reimbursement amount for certain procedures and services when the PA/RF and PA/VA are processed. Refer to Appendix 1 of this handbook for a list of procedures and services which are priced at prior authorization.

Submitting the Prior Authorization Request Form (PA/RF)

PA/RFs for procedures priced at prior authorization must be submitted using the following procedures and services:

- Prior authorization for procedures requiring more than one item should list each item, with a procedure code description, on a separate line on the PA/RF. The items must be individually identified on the PA/RF with complete and specific descriptions and prices from the manufacturer.
- Do not include a modifier in element 15.
- Indicate a quantity of "1" in element 19 of the PA/RF. If dispensing a pair of items, indicate "pair" in the description and include the cost of the pair in element 20 of the PA/RF.

Receiving an Approved PA/RF

When an approved PA/RF is returned to the provider, the maximum amount that will be reimbursed when the claim is submitted is indicated on the PA/RF. If several items are approved under one procedure code, a procedure code modifier (numbers 11-22) is assigned by the WMAP consultant in element 15 for each approved item. Refer to Section IV of this handbook for information on billing for procedures priced at prior authorization.

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E. PROCEDURES AND SERVICES PRICED AT PRIOR AUTHORIZATION
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Submitting Amendments to An Approved PA/RF

If the average wholesale cost increases for an item priced at prior authorization, a provider may obtain a higher level of reimbursement than is identified on the PA/RF only by submitting a prior authorization amendment request. The amendment must document that the wholesale cost has increased.

If an amended PA/RF is approved after the claim is paid, a claim adjustment request for additional reimbursement may be submitted which indicates that the amount approved at prior authorization has been changed. Refer to Section IX of Part A of the WMAP Provider Handbook for information about adjustment requests.

F. OBTAINING AND SUBMITTING PRIOR AUTHORIZATION REQUEST FORMS

Completed prior authorization request forms must be submitted to:

EDS
Attn: Prior Authorization Unit
6406 Bridge Road
Madison, WI 53784-0088

Prior authorization request forms can be obtained by submitting a written request to:

EDS
Attn: Claim Reorder Department
6406 Bridge Road
Madison, WI 53784-0003

Please specify the form requested and the number of forms desired. Reorder forms are included in the mailing of each request for forms. Do not request forms by telephone.

G. BACKDATING PRIOR AUTHORIZATION

Under normal circumstances, prior authorization must be obtained before services are performed to receive WMAP reimbursement for vision services. However, in the case of provider or recipient retroactive eligibility, or the provision of a service requiring prior authorization which was performed on an emergency basis, retroactive prior authorization may be obtained. Refer to Section VIII of Part A of the WMAP Provider Handbook for additional information on retroactive prior authorization.

Approved prior authorization requests for lenses or frames will be backdated to the date the requesting provider signs and dates the PA/RF.

The grant date for all other prior authorization requests will be no earlier than the date the request is received by EDS.